

Annual Reconciliation User Guide

(SL Broker User ID) User
Documentation



Kentucky Department of Insurance
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User Documentation
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TABLE OF CONTENTS

Beginning the Process.....	3
Filing By FTP.....	4
FTP Data Requirements/SL Broker Reporting.....	8
FTP Data Examples.....	10
Filing Thru E-Services.....	11
Setting Up an E-Services Account.....	16
Logging in to E-Services.....	23
Entering Reconciliation Data.....	25
Account Maintenance.....	37
Viewing Transaction History.....	40
To Complete an Incomplete Transaction.....	48

BEGINNING THE PROCESS

A few things to do before getting started:

- Decide if you want to send this data via FTP (A flat text file that can be transmitted to the DOI thru a FTP portal)
- Utilize the E-Services portal.

To submit the data via FTP:

- You'll need to notify the DOI of your intent. Also, you'll need to provide:
 - A test file to review for proper formatting
- You will need to follow the file format outlined in the Data Elements Guide, which is also inserted into this user documentation.

To create via E-Services:

- You'll need to set up an account
- Enter the data using the process outlined in this user documentation

Some other things to consider when using the E-Services portal:

- If using the E-Services portal, the session will 'timeout' after 20 minutes of inactivity.
- For Surplus Lines Brokers, make sure your data is grouped by Carrier (Unauthorized Insurer), for ease of entry. The process will ask you to select the Carrier, then all municipalities associated with that Carrier.
- Save/Print your invoice for documentation purposes. This will be the verification you have entered your data, and transmitted to the DOI.
- All amended reports will be filed by paper copy. All initial records shall be transmitted electronically.

FILING BY FTP

This section will explain the process to transmit the Annual Reconciliation Data to the DOI via FTP. You will first need to notify the DOI of your intent. To do so, submit an e-mail to the following e-mail address:

DOI.ISHelpDesk@ky.gov

Entitle:

Annual Reconciliation FTP Request

Or, you may call the DOI regarding this topic at 502-782-5359.

The DOI Help Desk will ask you to:

- Submit a test filing. We will attempt to load your test file in a beta environment to verify the file formatting. The formatting outline follows.
- Once complete, we will assign you a username and password to access the FTP service.

IMPORTANT: If you have previously submitted a test file to the Department, and obtained a Username and Password to file via FTP, you may skip the test file step, and utilize the username and password from the previous year.

DEFINITIONS

- (1) “Company Name” is equal to the name of the insurance company subject to local government premium tax as presented in the Annual Statement.
- (2) “Broker” is a Surplus Lines Broker subject to local government premium tax.
- (3) “NAIC Number” is the assigned number provided to the company by the National Association of Insurance Commissioners. (Alien Number is the assigned tax identification number of the writing alien carrier)
- (4) “FEIN Number” is the Federal Tax Identification Number.
- (5) “Year” is the year of the tax filing.
- (6) “First/Middle/Last Name” should reflect the filing contact information.
- (7) “Local Government Name” means the city/county/charter county/consolidated local government/urban-county government/unified local government to whom the tax was paid.
- (8) “Municipal Code” means the number assigned to the taxing authority by the Local Government Premium Tax Division at the Department of Insurance within the Local Government Premium Tax Schedule distributed annually. (AKA City Code)
- (9) “Ttl Annual Premium” (Total Annual Premium) the total amount as defined in Section I, Annual Totals, Column 2.
- (10) “Ttl Ann Tax Pd (Casualty)” (Total Annual Tax Paid (Casualty)) the total amount as defined in Section I, Annual Totals, Casualty, Column 3.
- (11) “Ttl Ann Tax Pd (Fire & All)” (Total Annual Tax Paid (Fire & Allied Perils)) the total amount as defined in Section I, Annual Totals, Fire and Allied Perils, Column 3.
- (12) “Ttl Ann Tax Pd (Health)” (Total Annual Tax Paid (Health)) the total amount as defined in Section I, Annual Totals, Health, Column 3.
- (13) “Ttl Ann Tax Pd (Inl Marine)” (Total Annual Tax Paid (Inland Marine)) the total amount as defined in Section I, Annual Totals, Inland Marine, Column 3.
- (14) “Ttl Ann Tax Pd (Life)” (Total Annual Tax Paid (Life)) the total amount as defined in Section I, Annual Totals, Life, Column 3.
- (15) “Ttl Ann Tax Pd (Mtr Vehicle)” (Total Annual Tax Paid (Motor Vehicle)) the total amount as defined in Section I, Annual Totals, Motor Vehicle, Column 3.
- (16) “Ttl Ann Tax Pd (All Oth Risk)” (Total Annual Tax Paid (All Other Risks)) the total amount as defined in Section I, Annual Totals, All Other Risks, Column 3.
- (17) “Total Annual Tax Paid” the total amount as defined in Section I, Annual Totals, Column 3.
- (18) “Total Annual Interest Due” the total amount as defined in Section II, Computation of Additional Payment Due, Column 3.
- (19) “Total Amount” means the total of (17) and (18) above.
- (20) “DOI ID Number” means the six digit number assigned by the Department of Insurance to the insurance company or broker at licensure. This number can be found on the insurance company or broker Kentucky Insurance License.
- (21) “Fil Off E-Mail Address” (Filing Officer/Filing Contact E-Mail Address) the e-mail address of the filer of the Annual Reconciliation.
- (22) “Unauthorized insurer” is the insurance company to which insurance business has been exported through a broker.

DATA REQUIREMENTS

This section will document the data requirements concerning the file.

Format

Media Type: SFTP

File Type: Character Delimited Text Format (^ Shift 6)

Required Fields-Company Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Company

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Company Name	Alpha-Numeric	Maximum Length 100
• NAIC Number	Numeric	Maximum Length 5
• FEIN Number	Numeric (No dashes)	Maximum Length 9
• Year	Numeric	Maximum Length 4
• Last Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• First Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• Middle Name (Officer)	Alpha-Numeric	Maximum Length 50
• Address (Company)	Alpha-Numeric	Maximum Length 255
• City Name	Alpha-Numeric	Maximum Length 255
• State	Alpha-Numeric	Maximum Length 2
• Zip	Numeric	Maximum Length 9
• Phone # (Filing Officer)	Numeric (No dashes)	Maximum Length 15
• Fil Off E-Mail Address	Alpha-Numeric	Maximum Length 100

Tax Information/Company

This data should be submitted in **row two, then repeat for each taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Local Government Name	Alpha-Numeric	Maximum Length 100
• Municipal Code	Numeric	Maximum Length 4
• Ttl Annual Premium	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Casualty)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Fire & All)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Health)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Inl Marine)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Life)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Mtr Vehicle)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (All Oth Risk)	Numeric (No commas)	Maximum Length 100
• Total Annual Tax Paid	Numeric (No commas)	Maximum Length 100
• Total Annual Interest Due	Numeric (No commas)	Maximum Length 100
• Total Amount	Numeric (No commas)	Maximum Length 100

Required Fields-Surplus Lines Broker Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Surplus Lines Broker

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Broker Name	Alpha-Numeric	Maximum Length 100
• DOI ID Number	Numeric	Maximum Length 6
• FEIN Number	Numeric (No dashes)	Maximum Length 9
• Year	Numeric	Maximum Length 4
• Last Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• First Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• Middle Name (Officer)	Alpha-Numeric	Maximum Length 50
• Address (Company)	Alpha-Numeric	Maximum Length 255
• City Name	Alpha-Numeric	Maximum Length 255
• State Name	Alpha-Numeric	Maximum Length 2
• Zip	Numeric	Maximum Length 9
• Phone # (Filing Officer)	Numeric (No dashes)	Maximum Length 15
• Fil Off E-Mail Address	Alpha-Numeric	Maximum Length 100

Tax Information/Surplus Lines Broker

This data should be submitted in **row two, then repeat for each unauthorized insurer/taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Unauthorized Insurer Name	Alpha-Numeric	Maximum Length 100
• NAIC Number/AlienNumber	Numeric	Maximum Length 12
• Local Government Name	Alpha-Numeric	Maximum Length 100
• Municipal Code	Numeric	Maximum Length 4
• Ttl Annual Premium	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Casualty)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Fire & All)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Health)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Inl Marine)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Life)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Mtr Vehicle)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (All Oth Risk)	Numeric (No commas)	Maximum Length 100
• Total Annual Tax Paid	Numeric (No commas)	Maximum Length 100
• Total Annual Interest Due	Numeric (No commas)	Maximum Length 100
• Total Amount	Numeric (No commas)	Maximum Length 100

Data Examples

Company Demographic Data

ABC Insurance Company^12345^610000000^2007^Doe^John^Q^123 Main
Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Company Taxing Data

Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Or

Surplus Lines Broker Demographic Data

John R Producer^123456^610000000^2007^Doe^John^Q^123 Main
Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

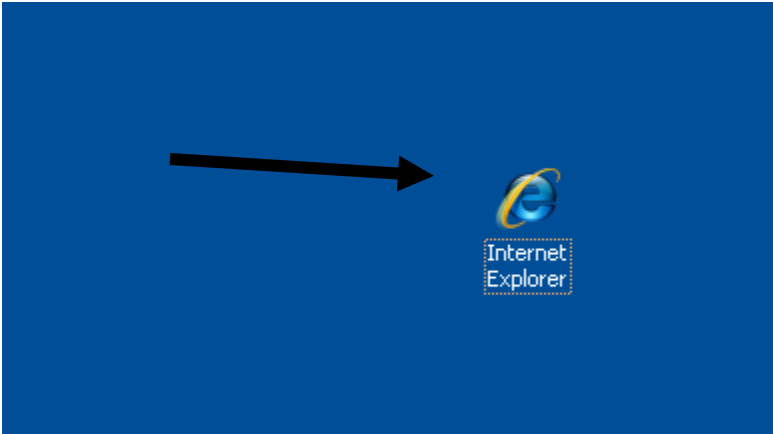
Surplus Lines Broker Taxing Data

ABC Surplus Lines Insurance Company^12345^
Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

**Important- The file can accommodate a decimal and two fields for numbers that
are not rounded. I.E. (200.50)**

FILING VIA ESERVICES

1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.



Proceed to the Kentucky DOI webpage at:

<http://insurance.ky.gov/>

2. After clicking into the above website, the following page should appear:

Kentucky.gov

KY Agencies | KY Services | Search

Kentucky.gov


for Search Terms

Search

Go

Kentucky

Department of Insurance



eServices

denotes external link

Home

Our Divisions / Programs

File a Complaint

Report Insurance Fraud

Consumer Information

Agent Licensing Information

Company Information

Communications and Public Outreach

Forms & Documents

Statutes & Regulations

Bulletins & Advisories

Publications

Contact Us / Directions

Department of Insurance

The Kentucky Department of Insurance regulates the commonwealth's insurance market, licenses agents and other insurance professionals, monitors the financial condition of companies, educates consumers to make wise choices and ensures that Kentuckians are treated fairly in the marketplace.

Our Mission: We promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.

Thank you for visiting our Web site. We welcome your input and suggestions. If you have questions or need our assistance, please contact us - e-mail: doi.info@ky.gov, KY Only toll free 800-595-6053, TTY 800-462-2081 or 502-564-3630.

What's New / Recent Topics

- Statement from Commissioner regarding passage of Senate Bill 77
- Insurance Consumers Should Buy With Caution
- Discretionary Clauses
- Fraud Statistics/Convictions Activity - February 2010
- Consumer FAQ: Toyota recalls and insurance-related issues

IMPORTANT!!

Search Options

Agent / Agency

Insurer / Company

CE Provider, Courses and failure to comply with CE

Complaint Ratio

Market Conduct Examination Reports and Orders

Medicare Supplement

Statutes & Regulations

Legal Orders

Forms & Documents

3. Click the E-Services icon in the top right corner of the webpage.



4. Which will direct you to the DOI e-services portal, as shown below.

KYDepartment of Insurance

[KYOI Home](#) | [FAQs](#) | [Contact Us](#)

Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble logging in? Click here for assistance.

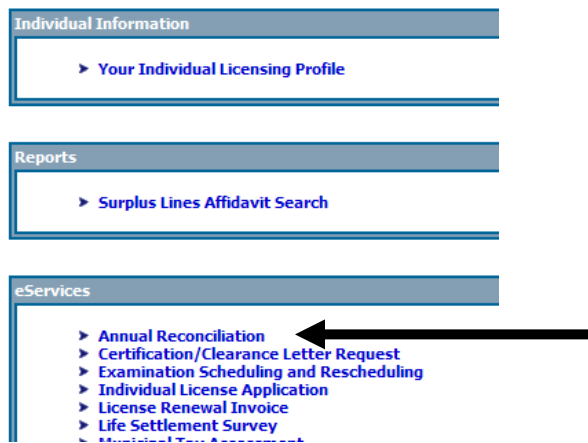
[Click Here](#) to learn about our security.

What does eServices offer?

- Consumers**
 - Submit Consumer Complaint File
 - View data related to ratios (i.e., Complaint, Medicare Supplement, Consumer Guides) - **
 - Find information related to a licensed Insurer, Individual or Business Entity - **
- New Applicants - ****
(Paperwork not submitted yet)
 - Access to applications, study guides, instructions and documents
- Individuals**
(Licensed or pending applicants)
 - Review your licensing information and account profile
- Business Entities**
 - Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
 - Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations. **
- Insurers**
 - Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
 - Renew appointments and submit payments **(Instructions) - New**
 - Submit financial responsibility requests **

SETTING UP A NEW ACCOUNT

If you are an active Surplus Lines Broker, and have an existing Individual E-Services account, this access will be automatically added to your individual login. See the access shown here.



NOTE: If you are an active Surplus Lines Broker and this option is not enabled in your Individual E-Services account, please:

- ***Submit an e-mail to the following e-mail address:***

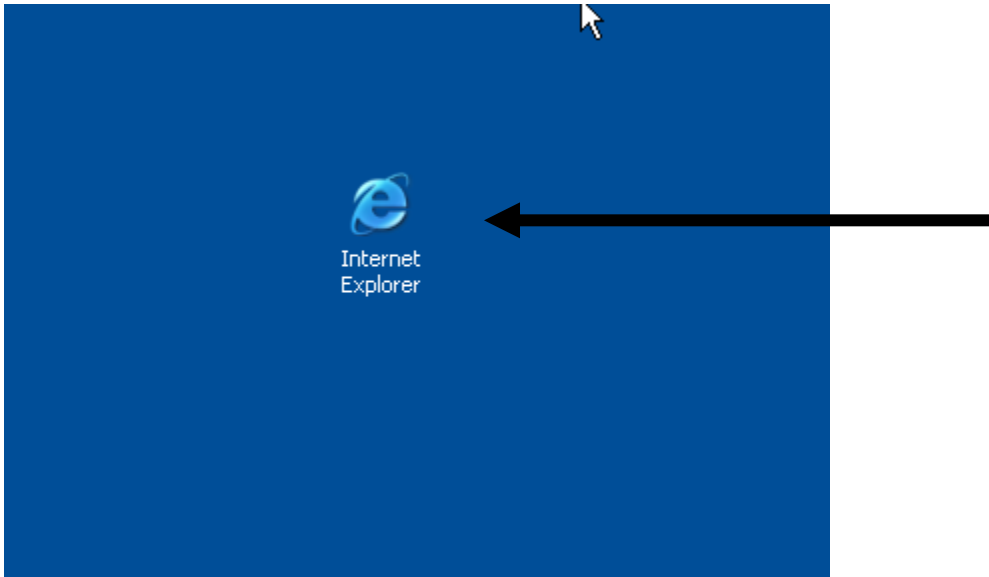
DOI.ISHelpDesk@ky.gov

- ***Or, you may call the DOI regarding this topic at 502-782-5359.***

If you do not have an Individual E-Services account set up, follow the directions shown here to do so.

Setting up an E-Services Account

1. To begin the application, double click your **internet browser**.



2. Follow the link to the KOI Webpage, at:

<http://insurance.ky.gov/>

Kentucky.gov KY Agencies | KY Services | Search Kentucky.gov for Search Terms Search Go

Kentucky Department of Insurance

Department of Insurance

The Kentucky Department of Insurance regulates the commonwealth's insurance market, licenses agents and other insurance professionals, monitors the financial condition of companies, educates consumers to make wise choices and ensures that Kentuckians are treated fairly in the marketplace.

Our Mission: We promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.

Thank you for visiting our Web site. We welcome your input and suggestions. If you have questions or need our assistance, please contact us - e-mail: doi.info@ky.gov, KY Only toll free 800-595-6053, TTY 800-462-2081 or 502-564-3630.

What's New / Recent Topics

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- Discretionary Clauses
- Fraud Statistics/Convictions Activity - February 2010
- Consumer FAQ: Toyota recalls and insurance-related issues

IMPORTANT!!

Search Options

- Agent / Agency
- Insurer / Company
- CE Provider, Courses and failure to comply with CE
- Complaint Ratio
- Market Conduct Examination Reports and Orders
- Medicare Supplement
- Statutes & Regulations
- Legal Orders
- Forms & Documents

3. Click the E-Services icon, located at the top right side of the page.



This will lead you to the log in screen for E-Services.

KYOffice of Insurance [KYOI Home](#) [FAQs](#) [Contact Us](#)

What does eServices offer?

Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble logging in? Click here for assistance.

[Click Here](#) to learn about our security.

Consumers

- Submit Consumer Complaint File
- View data related to ratios (i.e., Complaint, Medicare Supplement, Consumer Guides) - **
- Find information related to a licensed Insurer, Individual or Business Entity - **

New Applicants - **
(Paperwork not submitted yet)

- Access to applications, study guides, instructions and documents

Individuals
(Licensed or pending applicants)

- Review your licensing information and account profile
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, examinations, etc.

Business Entities

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations. **

Insurers

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Renew appointments and submit payments **(Instructions) - New**
- Submit financial responsibility requests **

OR

- Submit data for KYOffice of Insurance's

If you're a first time E-Services user.....you'll need to log in and acquire a username and password.

Click Here...

KYOffice of Insurance


Please log in here:

Username

Password

[First time here? Please click here to register for secure access.](#)

[Forgot your password?](#)

Having trouble logging in? Click here for assistance 

What do you want to do?

Consumers

- Submit Consumer Complaint
- View data related to your Complaint, Medical Records, Consumer Guides)
- Find information re: Insurance, Individual Coverage

New Applicants - **
(Paperwork not submitted)

You'll need to designate your username and password....

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Password
Enter a password that is between 8 to 15 alpha numeric characters. **Your password must contain at least 1 number.**

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Your Contact Information

First Name

Suffix Name

Telephone Extension

E-mail Address

User Type

Select the type of user account that you need to create on our system

Select the User Type:
Individual: Individual Access

Select a Security question with answer...

Your eServices Account Information

Username

Password

Verify Password

UserType

Security Question

Answer

Your Contact Information

First Name

Suffix Name

Telephone Extension

E-mail Address

Your Mailing/Shipping Information

Address Line1

Address Line2

City State Zip

Security Question

Select a question that will be easy for you to remember the answer to. This will be used to retrieve your password should you forget it.

Here...

Note the help as you select a data entry field...

You are now ready to enter your personal data.

The screenshot shows a web form with two main sections: "Your Contact Information" and "Your Mailing/Shipping Information". The "Your Contact Information" section includes fields for First Name, Middle Name/Initial, Suffix Name, SSN, Telephone, Extension, and E-mail Address. The "Your Mailing/Shipping Information" section includes fields for Address Line1, Address Line2, City, State (a dropdown menu with "Select" as the current selection), and Zip. A "Create Account" button is located at the bottom left of the form. Three callout boxes with arrows point to specific fields: one points to the SSN field with the text "You must enter your SSN to verify licensing status.", another points to the State dropdown with the text "Note: the City/State/Zip must be a valid USPS match.", and a third points to the "Create Account" button with the text "Once finished, click 'Create Account'".

Your Contact Information

First Name Middle Name/Initial

Suffix Name SSN

Telephone Extension

E-mail Address

Your Mailing/Shipping Information

Address Line1

Address Line2

City State Zip

[Create Account](#)

You must enter your SSN to verify licensing status.

Note: the City/State/Zip must be a valid USPS match.

Once finished, click 'Create Account'.

You're now ready to use KOI E-Services.

LOGGING INTO E-SERVICES

Enter your Username and Password from the E-Services jump page as shown here.

The image shows a screenshot of the KY Department of Insurance E-Services login page. The page has a blue header with the text "KY Department of Insurance". Below the header is a login form with a blue background. The form contains the text "Please log in here:" followed by two input fields: "Username" and "Password". A "submit" button is located below the password field. To the right of the login form is a vertical navigation menu with links: "Co", "view data relat", "Complaint, Mec", "Consumer Guid", and "New A". Below the login form, there are three links: "First time here? Please click here to register for secure access.", "Forgot your password?", and "Having trouble" with a small icon. A white box with a black border is overlaid on the right side of the page, containing the text "Then click 'Submit'". An arrow points from this box to the "submit" button on the login form. Another arrow points from the "submit" button to the "Username" input field.

KY Department of Insurance

Please log in here:


Username

Password

submit

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble 

Co

- view data relat
- Complaint, Mec
- Consumer Guid

New A

Then click 'Submit'

The following screen should display...

Individual Information
<ul style="list-style-type: none">▶ Your Individual Licensing Profile

Reports
<ul style="list-style-type: none">▶ Surplus Lines Affidavit Search

eServices
<ul style="list-style-type: none">▶ Annual Reconciliation▶ Certification/Clearance Letter Request▶ Examination Scheduling and Rescheduling▶ Individual License Application▶ License Renewal Invoice▶ Life Settlement Survey▶ Mutual Tax Agreement

ENTERING ANNUAL RECONCILIATION DATA INTO E-SERVICES (SURPLUS LINES LOGIN)

After logging into the account, the first screen presented should be this:

The screenshot displays the E-Services interface with three main sections: Individual Information, Reports, and eServices. The eServices section contains a list of services, with 'Annual Reconciliation' highlighted by a callout box.

Individual Information

- ▶ [Your Individual Licensing Profile](#)

Reports

- ▶ [Surplus Lines Affidavit Search](#)

eServices

- ▶ [Annual Reconciliation](#)
- ▶ [Certification/Clearance Letter Request](#)
- ▶ [Examination Scheduling and Rescheduling](#)
- ▶ [Individual License Application](#)
- ▶ [License Renewal Invoice](#)
- ▶ [Life Settlement Survey](#)
- ▶ [Municipal Tax Assessment](#)
- ▶ [Nofault Rejection Request](#)
- ▶ [Open Record Requests](#)
- ▶ [Order Laws & Regulations Book](#)
- ▶ [Pending Fees \(License and Appointment\)](#)
- ▶ [Record Correction Request \(Form 8303\)](#)
- ▶ [Replacement or Additional License Request \(Form 8306\)](#)
- ▶ [Surplus Lines Affidavit](#)
- ▶ [Surplus Lines Quarterly Report](#)
- ▶ [Town Forums](#)
- ▶ [View Transaction History](#)
- ▶ [Voluntary License Surrender](#)

To load the data, click Annual Reconciliation here...

The Annual Reconciliation data entry screen.

The screenshot shows the 'Annual Reconciliation' page of the KY Department of Insurance website. At the top is a navigation bar with links: Individual Information, eServices, Reports, Main Menu, Update your account, Change your password, and Logout. The main heading is 'Annual Reconciliation'. Below it is a section titled 'Entity / User Details' containing a table with the following data:

Entity / User Details	
DOI Number 542723	Individual / Entity Name Doe John
User Last Name Doe	User Middle Name M
	User First Name John

Below the table, there is a 'Tax Year' dropdown menu set to '2009' and a checkbox labeled 'No Business'. The 'Annual Reconciliation Filer Data' section contains several input fields: First Name, Mid Name, Last Name, Address, City, State (a dropdown menu with 'Select' as the current value), Zip, Phone, and Email. A 'Submit Filer Data' button is located at the bottom of the form.

The top of the form offers the Entity/User demographic data...

This diagram highlights the 'Entity / User Details' section of the form with three callout boxes and arrows pointing to specific fields:

- A box labeled 'DOI Number of the Broker' points to the 'DOI Number' field, which contains the value '300363'.
- A box labeled 'Broker Name' points to the 'Individual / Entity Name' field, which contains the value 'Doe John'.
- A box labeled 'User name' points to the 'User Last Name' field, which contains the value 'Adabala'.

The table data shown in the diagram is as follows:

Entity / User Details	
DOI Number 300363	Individual / Entity Name Doe John
User Last Name Adabala	User Middle Name
	User First Name Veena

Next, the data concerning the year and filer information will be entered.

The screenshot shows the 'Annual Reconciliation' form from the KY Department of Insurance. The form is titled 'Annual Reconciliation' and includes a header with navigation links: 'Individual Information', 'eServices', 'Reports', 'Main Menu', 'Update your account', 'Change your password', and 'Logout'. The form is divided into several sections:

- Entity / User Details:** This section contains fields for 'DOI Number' (542723), 'User Last Name' (Doe), 'Individual / Entity Name' (Doe John), 'User Middle Name' (M), and 'User First Name' (John).
- Tax Year:** A dropdown menu is set to '2009'. There is a checkbox labeled 'No Business'.
- Annual Reconciliation Filer Data:** This section contains fields for 'First Name', 'Mid Name', 'Last Name', 'Address', 'City', 'State' (a dropdown menu with 'Select' as the current selection), 'Zip', 'Phone', and 'Email'.
- Submit Filer Data:** A button at the bottom of the form.

Annotations with arrows point to specific fields:

- A box on the left says 'Denote the year of the data filed here.' with an arrow pointing to the 'Tax Year' dropdown.
- A box on the right says 'If the broker had no business for the year, mark here.' with an arrow pointing to the 'No Business' checkbox.
- A box at the bottom left says 'Enter the demographic data of the filer....here.' with an arrow pointing to the 'City' field.

After declaring the year and filer information, click ‘Submit Filer Data’ to proceed to this screen, to begin loading the reconciliation data.

Unauthorized Insurer Name	<input type="text"/>		
Local Government Name	<input type="text"/>		
Total Annual Tax Paid (Casualty)	<input type="text"/>	Total Annual Premium	<input type="text"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text"/>	Total Annual Tax Paid	<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>	<input type="button" value="Add Taxes"/>	
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>		
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

<input type="button" value="Submit Annual Reconciliation"/>	<input type="button" value="Add Taxes for Additional Carriers"/>
---	--

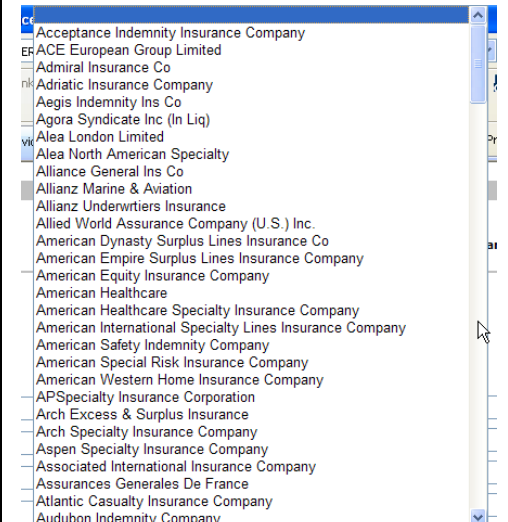
Note: If the broker had no business, click “Submit Annual Reconciliation” and proceed to Checkout.

Otherwise.....

The broker will choose the carrier from the pull down shown here...

Client Name	Client Name	Client Name
Doe	M	John

Unauthorized Insurer Name	<input type="text"/>
Local Government Name	<input type="text"/>



A screenshot of a dropdown menu displaying a list of insurance companies. The list includes:

- Acceptance Indemnity Insurance Company
- ACE European Group Limited
- Admiral Insurance Co
- Adriatic Insurance Company
- Aegis Indemnity Ins Co
- Agora Syndicate Inc (In Liq)
- Alea London Limited
- Alea North American Specialty
- Alliance General Ins Co
- Allianz Marine & Aviation
- Allianz Underwriters Insurance
- Allied World Assurance Company (U.S.) Inc.
- American Dynasty Surplus Lines Insurance Co
- American Empire Surplus Lines Insurance Company
- American Equity Insurance Company
- American Healthcare
- American Healthcare Specialty Insurance Company
- American International Specialty Lines Insurance Company
- American Safety Indemnity Company
- American Special Risk Insurance Company
- American Western Home Insurance Company
- APSpecialty Insurance Corporation
- Arch Excess & Surplus Insurance
- Arch Specialty Insurance Company
- Aspen Specialty Insurance Company
- Associated International Insurance Company
- Assurances Generales De France
- Atlantic Casualty Insurance Company
- Audubon Indemnity Company

Then select the taxing municipality, and begin entering the data.

Select the taxing authority here

Unauthorized Insurer Name: Acceptance Indemnity Insurance Company

Local Government Name: Mayfield

Total Annual Tax Paid (Casualty)	100	Total Annual Premium	5000
Total Annual Tax Paid (Fire and Allied Lines)	50	Total Annual Tax Paid	400
Total Annual Tax Paid (Health)	50	Total Annual Interest Due	0
Total Annual Tax Paid (Inland Marine)	50	Total Amount	400
Total Annual Tax Paid (Life)	50		
Total Annual Tax Paid (Motor Vehicle)	50		
Total Annual Tax Paid (All Other Risks)	50		

Add Taxes

Submit Annual Reconciliation

Add Taxes for Additional Carriers

Enter the data here

When all data for the municipality is complete, click 'Add Taxes' here to write it to the reconciliation.

To add additional information concerning another taxing municipality to this carrier, simply select the city/county in the pull down shown above, and enter the tax information. Once finished, click "Add Taxes". Repeat this process until all taxing data is entered for all municipalities concerning this carrier. After all data is entered for **this carrier**:

You may select:

- "Add Taxes for Additional Carriers" to select another carrier to report more taxes
- If you are finished with the reconciliation, click "Submit Annual Reconciliation" to proceed to checkout

IMPORTANT NOTE:

The application will not change the Carrier in this screen until you make a decision to click “Add Taxes for Additional Carriers”. This feature allows the user to add more than one taxing municipality for a carrier without needing to click and select the carrier multiple times.

Unauthorized Insurer Name:

Local Government Name:

Total Annual Tax Paid (Casualty)	<input type="text"/>	Total Annual Premium	<input type="text"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text"/>	Total Annual Tax Paid	<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>		
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

After adding one record for the carrier, the carrier selection is disabled. To proceed to the next carrier.....click ‘Add Taxes for Additional Carriers’ to finish your work with this carrier.

Select	Unauthorized Insurer Name					Acceptance Indemnity Insurance Company		
<input type="checkbox"/>	Local Government Name					Mayfield		
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest
100	50	50	50	50	50	50	5000	0
<div>Delete</div>								
<div><div>Submit Annual Reconciliation</div><div>Add Taxes for Additional Carriers</div></div>								

Note the record added will display here. You may delete a line from the record by clicking the select box...then ‘Delete’, to remove.

After the data entry is complete for all carriers, click ‘Submit Annual Reconciliation’ to proceed to checkout. After clicking this selection, the following screen will display.

Annual Reconciliation

Entity / User Details									
DOI Number		Individual / Entity Name							
542723		Doe John							
User Last Name		User Middle Name				User First Name			
Doe		M				John			

Annual Reconciliation Filer Data									
Name		dfggd, dsgsdg		Address		dfgsd , sdfgdg KY 334434			
Phone				Email					
Unauthorized Insurer Name				Acceptance Indemnity Insurance Company					
Local Government Name				Mayfield					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	
100	50	50	50	50	50	50	5000	0	
Unauthorized Insurer Name				Admiral Insurance Co					
Local Government Name				Louisville					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	
15	15	15	15	15	151	15	15	1	
Unauthorized Insurer Name				Arch Excess & Surplus Insurance					
Local Government Name				Bowling Green					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	
10	101	10	10	101	10	10	10	0	

Check Out

This screen generally acts as a review of your work. After the review is completed, click ‘Check Out’.

You will be taken to the checkout screen to complete your transaction.

September 22, 2009

KYDepartment of Insurance

[Individual Information](#) | [eServices](#) | [Reports](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [Satish007]

Remove	Description	Fee(s)
<input type="checkbox"/>	Annual Reconciliation	\$5.00
Total Amount Due		\$5.00

**Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.**

[Update Order](#) [Checkout to Submit Transaction/Complete Order](#) [Continue Shopping/Return to Menu](#) [Cancel Order](#)

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

Click here to submit the reconciliation

IMPORTANT: You must complete the checkout process for the data to transmit.

The payment screen will display.....

You will either need to pay via Credit/Debit Card...

Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: \$5.00

Credit Card Information

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number:

Expiration Date: /

Name on Card:

Billing Zip/Postal Code:

Phone Number:(Number Only)

Enter your
debit/credit
card
information
here...

Or via E-Check...

eCheck Information

Enter your checking account information exactly as it appears on your check

Jonathan Doe
1200 Main St.
Anytown, CA 12345

DATE: 00-00-0000

Kentucky Department of Insurance

PAY TO THE ORDER OF: \$

YOUR BANK NAME
557 Melanie Ln.
San Diego, CA 92123

ACH R/T 28237356

ACH Routing / Transit #

DO NOT INCLUDE
Check Number

FOR: 123456789 0001234567890 12345

Routing #
Between the # symbols

Account #
Include all zeros



Name on Account:

Routing Number: (From your check. Don't use your deposit slip.
Use the ACH number if your check has one.)

Account Number:

After completing either, click 'Submit Order' to proceed.

symbol at the bottom of your check and usually to the right of your bank routing number.

[to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices](#)

You will get a final transaction screen to show the completion of your order....

KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the 'Print copy of invoice' listed below.

Order Information **Shipping Information (if applicable)**

DOI Transaction ID: 23017
ePay Transaction ID:
Transaction Date: 9/9/2009

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

DOI Transaction ID/date is shown here

You may also accomplish a few other things with this form....

Sep

KYDepartment of Insurance

[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information		Shipping Information (if applicable)
DOI Transaction ID: 23017		
ePay Transaction ID:		
Transaction Date: 9/9/2009		

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)
[Print copy of invoice](#) | [Click here to return to the main menu](#)

You can print a copy of your transaction data by clicking here.
(Print Annual Reconciliation)

Print copy of invoice generally works as a screen print to document your transaction id.

KYDepartment of Insurance

[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

Annual Reconciliation

Entity / User Details	
DOI Number	Individual / Entity Name
300363	
User Last Name	User Middle Name
Adabala	

Annual Reconciliation Filer Data					
Name	dfgdsf, ggs dfgsdf			Address	
Phone				Email	
Local Government Name				Ashland	
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle
1000	200	200	200	0	200

[Return to the Main Menu](#) | [Update your account](#) | [Change yo](#)

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information
 DOI Transaction ID: 23017
 ePay Transaction ID:
 Transaction Date: 9/9/2009

Shipping Information (if applicable)

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)
[Print copy of invoice](#) | [Click here to return to the main menu](#)

To finish up....click here, to take you back to the main menu.

KYDepartment of Insurance
[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

eServices

▶ [Annual Reconciliation](#)
 ▶ [View Transaction History](#)

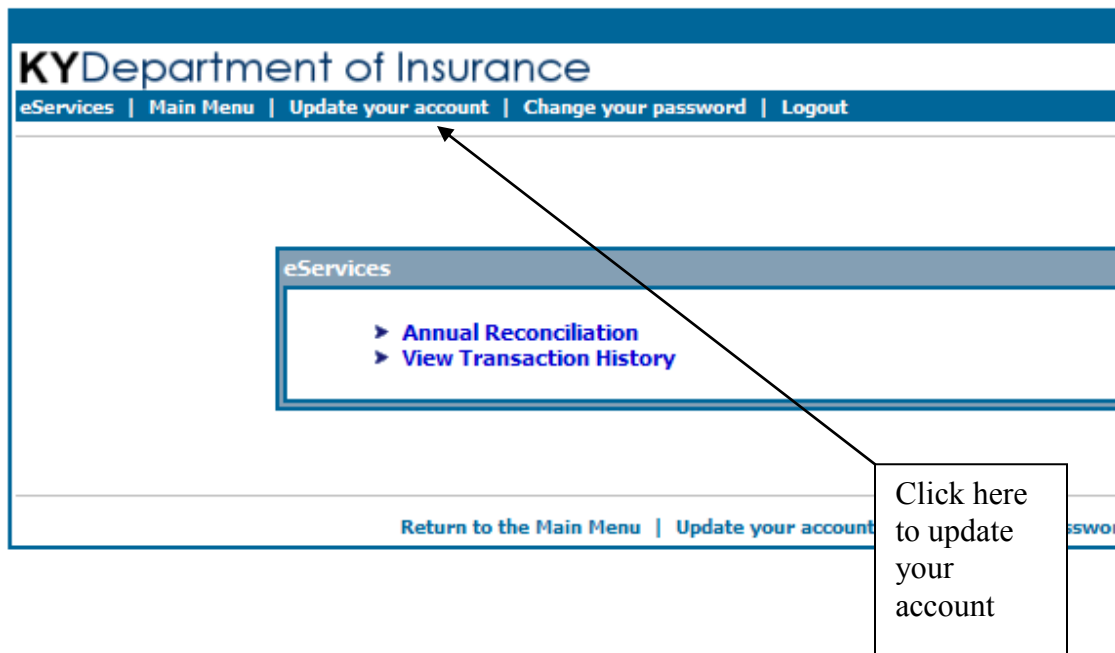
[Return to the Main Menu](#) | [Update your account](#) | [Char](#)

Your LGT-140/Annual Reconciliation is complete.

ACCOUNT MAINTENANCE

There are tools in the account that allow you to update your information, or change your password.

Updating Your Account



Update Account Information

Update Account Information - updates eServices account information only.

Updating your address on this profile does not update your official record with the department. You must complete "Record Correction Form 8303" on the eServices menu.

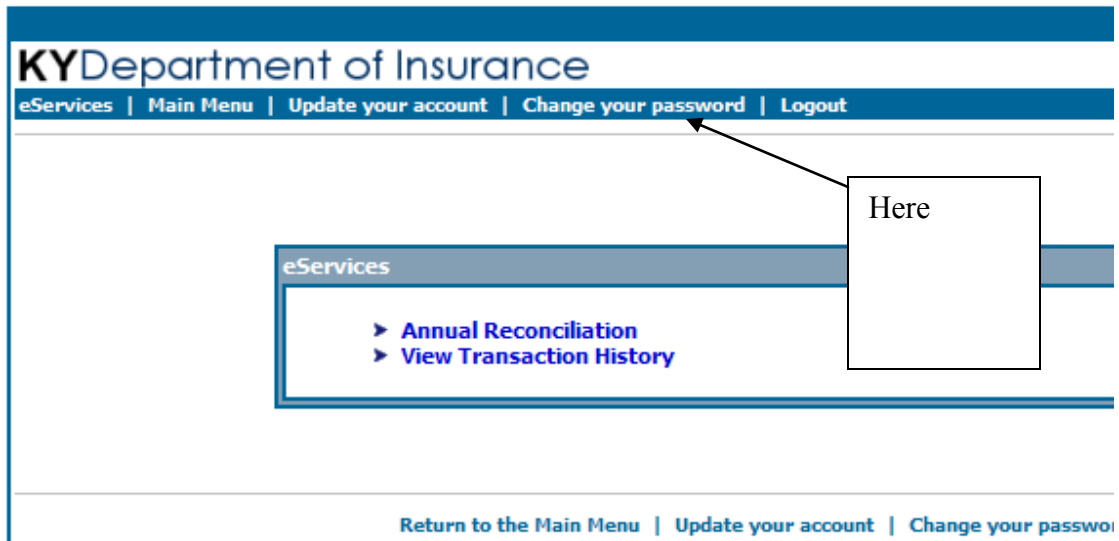
User Name	Annrec2009		
Password	***** (To change your password, Click here)		
First Name	<input type="text" value="V"/>		
Middle Name	<input type="text"/>		
Suffix Name	<input type="text"/>		
Last Name	<input type="text" value="A"/>	(DO NOT ADD SUFFIX: JR, SR, etc)	
Phone	<input type="text"/>	Extn	<input type="text"/> (Numbers Only)
Email	<input type="text" value="pa.ada@ky.gov"/>		
	(include the .com, .net or .org - accounts with invalid e-mail addresses will be removed)		
Address Line1	<input type="text" value="215 West Main St."/>		
Address Line2	<input type="text"/>		
City	<input type="text" value="Frankfort"/>		
State	<input type="text" value="KY"/>	Zip	<input type="text" value="40601"/>
Security Question	<input type="text" value="Your Mother's Maiden Name"/>		
Answer	<input type="text" value="lllll"/>		

Make any changes to the data here...

Then click 'Update Account' here to finalize the changes.

Changing Your Password

Click here, to change your password.



KY Department of Insurance

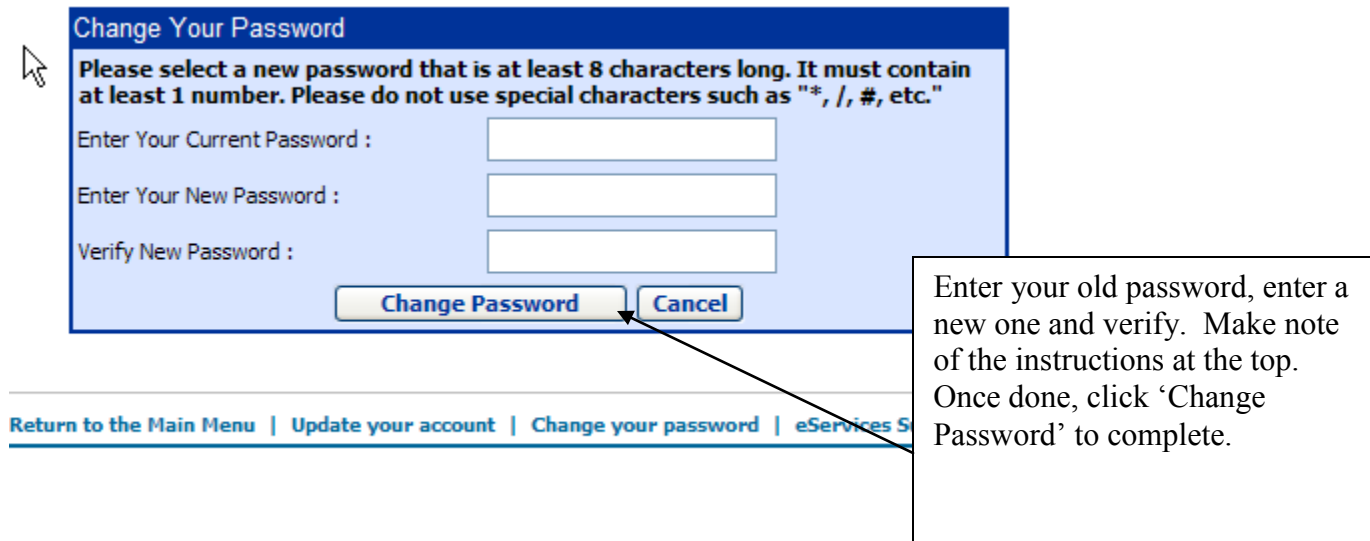
[eServices](#) | [Main Menu](#) | [Update your account](#) | [Change your password](#) | [Logout](#)

eServices

- [Annual Reconciliation](#)
- [View Transaction History](#)

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#)

Here



Change Your Password

Please select a new password that is at least 8 characters long. It must contain at least 1 number. Please do not use special characters such as "*, /, #, etc."

Enter Your Current Password :

Enter Your New Password :

Verify New Password :

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices S](#)

Enter your old password, enter a new one and verify. Make note of the instructions at the top. Once done, click 'Change Password' to complete.

VIEWING TRANSACTION HISTORY

With this tool, you may take a look at prior transactions submitted in E-Services.

First, log into E-Services...

The screenshot shows the login interface for the KY Department of Insurance E-Services. The page has a blue header with the text "KY Department of Insurance". Below the header, there is a login form with a blue background. The form contains the text "Please log in here:" followed by two input fields: "Username" and "Password". The "Username" field contains the text "testing22". The "Password" field contains a series of dots. Below the input fields is a "submit" button. To the right of the login form, there is a vertical navigation menu with links: "Home", "About Us", "Contact Us", "View Data Retail", "Complaint, Med", "Consumer Guide", and "New A". Below the login form, there are two links: "First time here? Please click here to register for secure access." and "Forgot your password?". At the bottom left, there is a link "Having trouble" with a small icon of a person with a question mark. A callout box with a black border and white background contains the text "Then click 'Submit'" with an arrow pointing to the "submit" button.

KY Department of Insurance


Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble 

Co

- view data retail
- Complaint, Med
- Consumer Guide

New A

Then click 'Submit'

The following screen should display...

The screenshot displays a web application interface with three main sections, each with a blue header bar and a white content area:

- Individual Information**: Contains a single link: [Your Individual Licensing Profile](#)
- Reports**: Contains a single link: [Surplus Lines Affidavit Search](#)
- eServices**: Contains a list of links:
 - [Annual Reconciliation](#)
 - [Certification/Clearance Letter Request](#)
 - [Examination Scheduling and Rescheduling](#)
 - [Individual License Application](#)
 - [License Renewal Invoice](#)
 - [Life Settlement Survey](#)
 - [Municipal Tax Assessment](#)
 - [Nofault Rejection Request](#)
 - [Open Record Requests](#)
 - [Order Laws & Regulations Book](#)
 - [Pending Fees \(License and Appointment\)](#)
 - [Record Correction Request \(Form 8303\)](#)
 - [Replacement or Additional License Request \(Form 8306\)](#)
 - [Surplus Lines Affidavit](#)
 - [Surplus Lines Quarterly Report](#)
 - [Town Forums](#)
 - [View Transaction History](#)
 - [Voluntary License Surrender](#)

A mouse cursor is positioned over the 'eServices' section. An arrow points from a callout box on the right to the 'View Transaction History' link.

Click View Transaction History...


After clicking 'View Transaction History' the following screen will present...

Transaction History

Your demographic data is shown here...

Entity / User Details		Individual / Entity Name	
DOI Number	300363	User Middle Name	User First Name
User Last Name	doe	e	jane

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

The last 30 days of transactions will automatically display


You may also search further back, by utilizing the tool shown here.

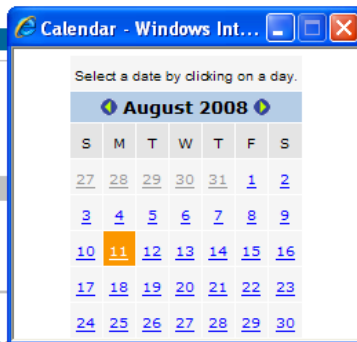
KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Transaction History

Entity / User Details	
DOI Number	Individual / Entity Name
300363	
User Last Name	User Middle Name
doe	e

To view 30 days of transactions during a certain period, Enter the start date.


Enter Start Date  [Display Transactions](#)



Click here..

To display the calendar. This will allow you to enter a new begin date to search by, which will set the search parameter from the begin date, to current.

After the date has been set, click 'Display Transactions' to list the result in the grid, as shown below.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

To review a record displayed in the grid, click the Transaction ID.

Below is a list of all your transactions within the last 30 da

Transaction ID	ePay Trans ID
22667	
22668	

Click on

Which will display the following screen.

Transaction Details

Entity / User Details

DOI Number 542723	Individual / Entity Name Doe John	
User Last Name Doe	User Middle Name M	User First Name John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027 ePay Transaction ID: Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

The transaction ID, along with the date of submission will display here.

A description of the transaction is presented here.

Transaction Details

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

You may also review your data..

Annual Reconciliation

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Annual Reconciliation Filer Data

Name				Address			
dfggd, dsgrsdg				dfgsd , sdfgdg KY 334434			
Phone				Email			
Unauthorized Insurer Name				Acceptance Indemnity Insurance Company			
Local Government Name				Mayfield			
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premi
100	50	50	50	50	50	50	5000
Unauthorized Insurer Name				Admiral Insurance Co			
Local Government Name				Louisville			
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premi
15	15	15	15	15	151	15	15
Unauthorized Insurer Name				Arch Excess & Surplus Insurance			
Local Government Name				Bowling Green			
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premi
10	101	10	10	101	10	10	10

Transaction Details

Entity / User Details		
DOI Number 542723	Individual / Entity Name Doe John	
User Last Name Doe	User Middle Name M	User First Name John

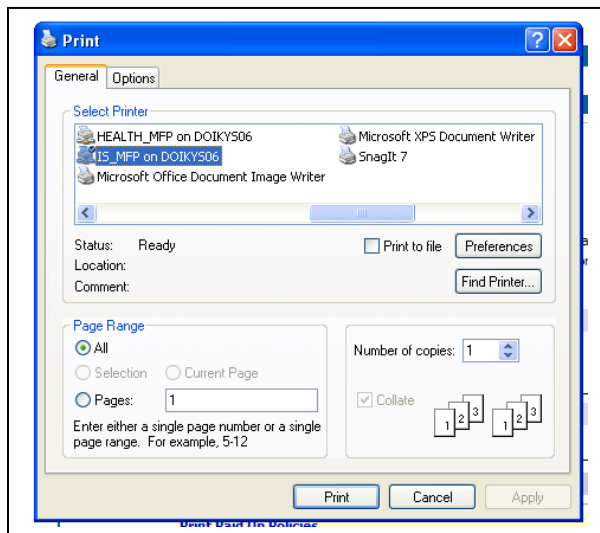
Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027 ePay Transaction ID: Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)



Or print a copy of
your invoice...

To return to the main menu...

Transaction Details

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Transaction Status: Complete

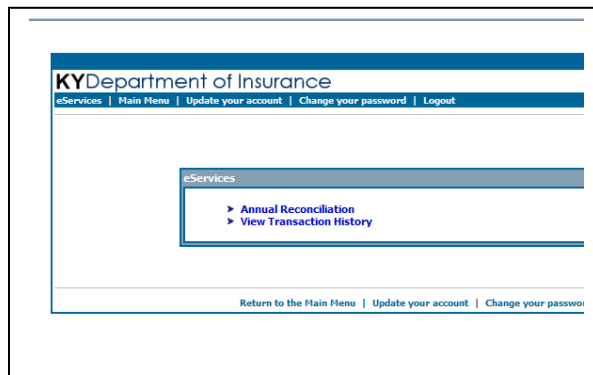
Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	\$0.00
Total Charged:		\$0.00

[Print Annual Reconciliation](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

Click here



To Complete An Incomplete Transaction

Log into E-Services...

KYDepartment of Insurance

Please log in here:

Username

Password

[First time here? Please click here to register for secure access.](#)

[Forgot your password?](#)

Having trouble 

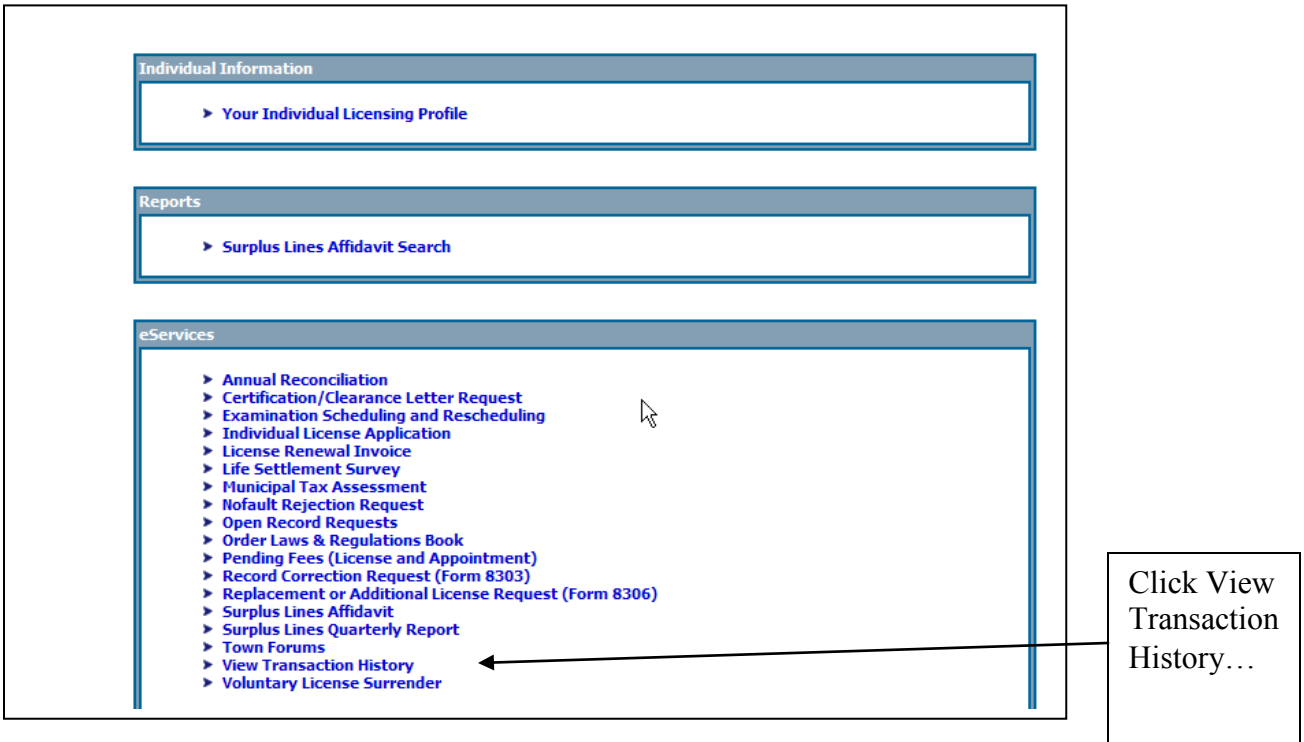
Please log in here:

Username

Password

Then click
'Submit''

The following screen should display...




After clicking 'View Transaction History' the following screen will present...

Transaction History

Your demographic data is shown here...

Entity / User Details			
DOI Number	Individual / Entity Name		
300363			
User Last Name	User Middle Name	User First Name	
doe	e	jane	

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

[Click on the Transaction ID to view the details of the Transaction.](#)

The last 30 days of transactions will automatically display


[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

If a transaction is incomplete, it will display here.

Transaction History

Entity / User Details		
DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	m	John

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Click 'Complete' to Complete an Incomplete Transaction.

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
208064		01/29/2010	5	Incomplete [Complete]
207743		01/28/2010		Complete
207300		01/27/2010		Incomplete
205858		01/21/2010		Incomplete
205853		01/21/2010	5	Incomplete
204668		01/13/2010	5	Incomplete

Click on the Transaction ID to view the details of the Transaction.

To complete the transaction, click “Complete”. The data previously entered will display.

Annual Reconciliation

Entity / User Details			
DOI Number		Individual / Entity Name	
542723		Doe John	
User Last Name	User Middle Name	User First Name	
Doe	m	John	

Unauthorized Insurer Name	<input type="text"/>
Local Government Name	<input type="text"/>

Total Annual Tax Paid (Casualty)	<input type="text"/>	Total Annual Premium	<input type="text"/>
Total Annual Tax Paid (Fire and Allied Lines)	<input type="text"/>	Total Annual Tax Paid	<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>	<input type="button" value="Add Taxes"/>	
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

Annual Reconciliation Filer Data			
Name	test, Test	Address	215 west main , Frankfort KY 40601
Phone	5025643630	Email	test@ky.gov
Unauthorized Insurer Name	Alliance General Insurance Company		
<input type="checkbox"/> Local Government Name	Henderson		

This will take you to the initial screen, allowing you to review your previous work. If there are no changes, click here.

(Fire and Allied Lines)	<input type="text"/>		<input type="text"/>
Total Annual Tax Paid (Health)	<input type="text"/>	Total Annual Interest Due	<input type="text"/>
Total Annual Tax Paid (Inland Marine)	<input type="text"/>	Total Amount	<input type="text"/>
Total Annual Tax Paid (Life)	<input type="text"/>		
Total Annual Tax Paid (Motor Vehicle)	<input type="text"/>	<input type="button" value="Add Taxes"/>	
Total Annual Tax Paid (All Other Risks)	<input type="text"/>		

Annual Reconciliation Filer Data

Name	test, Test	Address	215 west main , Frankfort KY 40601		
Phone	5025643630	Email	test@ky.gov		

<input type="checkbox"/>	Unauthorized Insurer Name	Alliance General Insurance Company
<input type="checkbox"/>	Local Government Name	Henderson

Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
125		23		12			4500	45	205

<input type="checkbox"/>	Unauthorized Insurer Name	American Safety Insurance Company
<input type="checkbox"/>	Local Government Name	Hopkinsville

Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
12		34		12			12300	23	81

Submit Annual Reconciliation

This screen will give you a last review of your submission.

Annual Reconciliation

Entity / User Details									
DOI Number		Individual / Entity Name							
542723		Doe John							
User Last Name		User Middle Name				User First Name			
Doe		m				John			

Annual Reconciliation Filer Data									
Name		test, Test		Address		215 west main , Frankfort KY 40601			
Phone		5025643630		Email		test@ky.gov			
Unauthorized Insurer Name				Alliance General Insurance Company					
Local Government Name				Henderson					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
125		23		12			4500	45	205
Unauthorized Insurer Name				American Safety Insurance Company					
Local Government Name				Hopkinsville					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
12		34		12			12300	23	81

Check Out

To
continue,
click here.

To continue to checkout, click here.

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Entity / User Details		
DOI Number		Individual / Entity Name
542723		Doe John
User Last Name	User Middle Name	User First Name
Doe	m	John

Forms Completed by User: [Satish007]		
Remove	Description	Fee(s)
<input type="checkbox"/>	Annual Reconciliation	\$5.00
Total Amount Due		\$5.00

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.

Update Order

Checkout to Submit Transaction/Complete Order

Continue Shopping/Return to Menu

Cancel Order

[View Order](#) | [Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

Enter your \$5 filing fee here.

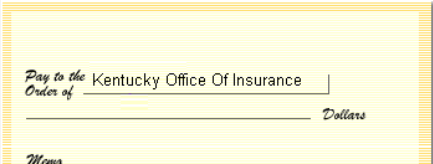
Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: \$5.00

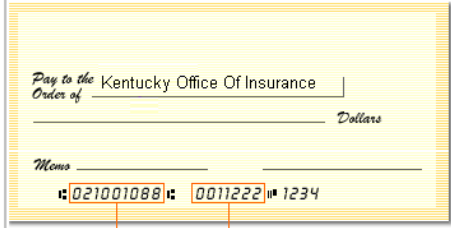
Credit Card Information
Enter your billing information EXACTLY as it appears on your credit card and/or billing statement
Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Card Number:
Expiration Date: /
Name on Card:
Billing Zip/Postal Code:
Phone Number:(Number Only)

----- OR -----

Debit Information
Enter your checking account information exactly as it appears on your check
Name on Account:


Once finished, click here to complete.

----- OR -----


Debit Information
Enter your checking account information exactly as it appears on your check
Name on Account:


Routing Number

This number is nine characters long and appears between the " symbols usually at the bottom left corner of your check.

Account Number

This number is 5-17 characters long and appears next to the " symbol at the bottom of your check and usually to the right of your bank routing number.



You submission is complete.